

# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 87

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Charlie Melancon Campaign Committee Inc

**A.**

Full Name (Last, First, Middle Initial)

D. Wayne Elmore

Mailing Address 203 Bent Tree Trail

City

Lafayette

State

LA

Zip Code

70508

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Communications Corp. of  
America

Occupation

Broadcast Executive

Receipt For: 2008

Election Cycle-to-Date ▼

☒ Primary ☐ General  
☐ Other (specify) ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 9 / 2 0 0 7

Transaction ID: C11268

Amount of Each Receipt this Period

250.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)

Arwin N. Bascle

Mailing Address 2503 Pine St

City

New Orleans

State

LA

Zip Code

70125-4048

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Arwin P. Bascle Government  
Affairs

Occupation

Consultant

Receipt For: 2008

Election Cycle-to-Date ▼

☒ Primary ☐ General  
☐ Other (specify) ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 3 / 2 0 0 7

Transaction ID: C11383

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)

Don J Savoie

Mailing Address P.O. Box 58

City

Belle Rose

State

LA

Zip Code

70341-0058

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SIMMONS & SAVOIE INSURANCE

Occupation

INSURANCE AGENT

Receipt For: 2008

Election Cycle-to-Date ▼

☒ Primary ☐ General  
☐ Other (specify) ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 7

Transaction ID: C11397

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

2250.00

**TOTAL** This Period (last page this line number only) .....